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United States Bankruptcy Court Eastern District of Michigan, Detroit Division

| IN RE: | | Case No. <u>16-49805</u> | | |
|-------------------------------------|--|--|--|--|
| Junak, David Scott | | Chapter 13 | | |
| | Debtor(s) | • | | |
| | VERIFICATION OF CREDITOR MATE | RIX | | |
| The above named debtor(s) hereby ve | erify(ies) that the attached matrix listing creditor | rs is true to the best of my(our) knowledge. | | |
| | | | | |
| | | | | |
| Date: July 25, 2016 | Signature: /s/ David Scott Junak | | | |
| | David Scott Junak | Debtor | | |
| | | | | |
| Date: | Signature: | | | |
| | - | Joint Debtor, if any | | |

Amcol Systems Inc 111 Lancewood Rd Columbia, SC 29210-7523

Capital One Bank USA N 15000 Capital One Dr Richmond, VA 23238-1119

Comcast 1 Comcast Ctr Philadelphia, PA 19103-2838

Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256-7412

Mi Schools and Govt Cu 40400 Garfield Rd Clinton Township, MI 48038-4004

People First Fund 95 Horatio St Apt 219 New York, NY 10014-1527

Portfolio Recovery Associates, LLC PO Box 12914 Norfolk, VA 23541-0914 Schneuderman & Sherman, PC 23938 Research Dr Ste 300 Farmington Hills, MI 48335-2605

Seterus Inc 14523 SW Millikan Way St Beaverton, OR 97005

St. John Hospital & Medical Center CRNA PO Box 674223 Detroit, MI 48267-4223

United States Bankruptcy Court Eastern District of Michigan, Detroit Division

| IN RE: | Case No. <u>16-49805</u> | | |
|---|---|--|--|
| Junak, David Scott | Chapter 13 | | |
| Debtor(s) | · | | |
| BUSINESS INCOME AND EX | XPENSES | | |
| FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (Note: ONLY I operation.) | NCLUDE information directly related to the business | | |
| PART A - GROSS BUSINESS INCOME FOR THE PREVIOUS 12 MONTHS | S: | | |
| 1. Gross Income For 12 Months Prior to Filing: | \$ | | |
| PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME | Ξ: | | |
| 2. Gross Monthly Income: | \$ 3,000.00 | | |
| PART C - ESTIMATED FUTURE MONTHLY EXPENSES: | | | |
| Net Employee Payroll (Other Than Debtor) Payroll Taxes Unemployment Taxes Worker's Compensation Other Taxes Inventory Purchases (Including raw materials) Purchase of Feed/Fertilizer/Seed/Spray Rent (Other than debtor's principal residence) Utilities Office Expenses and Supplies Repairs and Maintenance Vehicle Expenses Travel and Entertainment Equipment Rental and Leases Legal/Accounting/Other Professional Fees Insurance Employee Benefits (e.g., pension, medical, etc.) Payments to be Made Directly by Debtor to Secured Creditors for Pre-Pet Business Debts (Specify): | \$ | | |
| 21. Other (Specify): | \$ | | |
| 22. Total Monthly Expenses (Add items 3-21) | \$ | | |
| PART D - ESTIMATED AVERAGE <u>NET</u> MONTHLY INCOME | | | |
| 23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2 | \$ 3,000.00 | | |

| | rmation to identify you | ur case and thi | s filing: | | | |
|---------------------|------------------------------------|--------------------|-----------|---|--|---------------------------------------|
| Debtor 1 | David Scott Ju | | e Name | Last Name | \ | |
| Debtor 2 | i iist ivaille | Middle | ; ivallie | Last Name | | |
| (Spouse, if filing) | First Name | Middle | Name | Last Name | | |
| United States B | Bankruptcy Court for the | EASTERN | DISTRI | CT OF MICHIGAN, DETROIT DIVISION | | |
| Case number | 16-49805 | | | | | ☐ Check if this is an amended filing |
| Official E | orm 106A/B | | | | | |
| | ile A/B: Pro | perty | | | | 12/15 |
| | | <u> </u> | n asset | only once. If an asset fits in more than one | category, list the asset in | |
| Answer every que | estion. | · | | is form. On the top of any additional pages, Estate You Own or Have an Interest In | wine your name and case | number (ii kilowii). |
| . Do you own or | r have any legal or equita | able interest in a | ny reside | ence, building, land, or similar property? | | |
| ☐ No. Go to Pa | art 2. | | | | | |
| Yes. Where | e is the property? | | | | | |
| | | | | | | |
| | | | | | | |
| 1.1 | | | What | is the property? Check all that apply | | |
| 17534 Gı | rettel | | | Single-family home | Do not deduct secured of the amount of any secure | |
| Street address | ss, if available, or other descrip | tion | | Duplex or multi-unit building Condominium or cooperative | Creditors Who Have Clair | ms Secured by Property. |
| | | | | · | | |
| | MI 4 | 8026-1796 | | Manufactured or mobile home Land | Current value of the entire property? | Current value of the portion you own? |
| Fraser | State | ZIP Code | | Investment property | \$111,000.00 | \$111,000.00 |
| City | | | | Timeshare | Describe the nature of | our ownership interest |
| | | | | | | |
| | | | Who | Other | (such as fee simple, ter a life estate), if known. | ancy by the entireties, or |
| | | | _ | has an interest in the property? Check one Debtor 1 only | (such as fee simple, ter a life estate), if known. Fee Simple | ancy by the entireties, or |
| |) | | _ | has an interest in the property? Check one | a life estate), if known. | ancy by the entireties, or |
| City |) | | Who | has an interest in the property? Check one Debtor 1 only | a life estate), if known. | |
| City |) | | Who | has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | a life estate), if known. Fee Simple Check if this is cor (see instructions) | |
| City |) | | Who I | has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | a life estate), if known. Fee Simple Check if this is cor (see instructions) | |
| City |) | | Who I | has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Information you wish to add about this item | a life estate), if known. Fee Simple Check if this is cor (see instructions) | |
| City |) | | Who I | has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Information you wish to add about this item | a life estate), if known. Fee Simple Check if this is cor (see instructions) | |
| Macomb County | | on you own for | Who I | has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Information you wish to add about this item | a life estate), if known. Fee Simple Check if this is cor (see instructions) n, such as local | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1 | Junak, David Scott | | Case number (if known) | 16-49805 |
|--|---|--|--|---|
| 3. Cars, vans | , trucks, tractors, sport utili | ity vehicles, motorcycles | | |
| • | , , , , , , , , , , , , , , , , , , , | • | | |
| □ No | | | | |
| Yes | | | | |
| | Faud | | Do not deduct sec | ured claims or exemptions. Put |
| 3.1 Make: | Ford | Who has an interest in the property? Check one | the amount of any | secured claims on Schedule D: |
| Model: | F150 | Debtor 1 only | Creditors Who Ha | ve Claims Secured by Property. |
| Year: | 2001 imate mileage: | Debtor 2 only | Current value of t entire property? | he Current value of the portion you own? |
| | nformation: | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | entire property: | portion you own: |
| | | At least one of the designs and another | | |
| | | ☐ Check if this is community property (see instructions) | \$5,000 | .00 \$5,000.00 |
| Examples: No □ Yes 5 Add the d .you have Part 3: Descri Do you own 6. Household Examples. | Soats, trailers, motors, personate of the portion you attached for Part 2. Write the Your Personal and Housel | ole interest in any of the following items? | accessories any entries for pages | \$5,000.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | | | | |
| Yes. De | escribe Furniture | | | \$2,500.00 |
| | Furniture | | | |
| 7. Electronics Examples. No Yes. De | Televisions and radios; audio including cell phones, came escribe | , video, stereo, and digital equipment; computers, printe ras, media players, games , Computer | rs, scanners; music collec | tions; electronic devices \$1,500.00 |
| 8. Collectible Examples. No | Antiques and figurines; painti collections, memorabilia, co | ings, prints, or other artwork; books, pictures, or other an llectibles | rt objects; stamp, coin, or t | paseball card collections; other |
| | instruments | se, and other hobby equipment; bicycles, pool tables, go | lf clubs, skis; canoes and l | kayaks; carpentry tools; musical |
| 10. Firearms | s: Pistols, rifles, shotguns, am | nmunition, and related equipment | | |

Official Form 106A/B Schedule A/B: Property page 2

| D | ebtor 1 Junak, Davi | d Scott | | Case number (if known) | 16-49805 |
|-----|--|-------------|-------------------------------|---|--|
| 11. | Clothes Examples: Everyday clo □ No | thes, furs | , leather coats, designer w | ear, shoes, accessories | |
| | Yes. Describe | | | | |
| | | Clothi | ng | | \$1,000.00 |
| 12. | Jewelry Examples: Everyday jew □ No ■ Yes. Describe | elry, cost | | rings, wedding rings, heirloom jewelry, watches, gems, gold, | silver |
| 13. | Non-farm animals Examples: Dogs, cats, b No Yes. Describe | oirds, hors | ses | | |
| 14. | ■ No ■ Yes. Give specific info | | · | ready list, including any health aids you did not list | |
| 15 | | • | our entries from Part 3, | including any entries for pages you have attached for | \$5,500.00 |
| Pa | art 4: Describe Your Finan | cial Asset | s | | |
| D | o you own or have any le | egal or e | quitable interest in any o | f the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash Examples: Money you h ■ No □ Yes | ave in you | ır wallet, in your home, in a | safe deposit box, and on hand when you file your petition | |
| 17. | | | | ertificates of deposit; shares in credit unions, brokerage hous the same institution, list each. | ses, and other similar |
| | ■ Yes | | | Institution name: | |
| | | 17.1. | Checking Account | MI Schools & Government Credit Union | \$1,600.00 |
| | | 17.2. | Savings Account | MI Schools & Government Credit Union | \$5.00 |
| 18. | Bonds, mutual funds, c Examples: Bond funds, ■ No | | | e firms, money market accounts | |
| | ☐ Yes | | Institution or issuer name | : | |
| 19. | Non-publicly traded sto | ock and i | nterests in incorporated | and unincorporated businesses, including an interest i | n an LLC, partnership, and |
| | ■ No□ Yes. Give specific infe | ormation | ahout them | | |
| | in res. Give specific into | | ne of entity: | % of ownership: | |
| 20. | Negotiable instruments | nclude p | ersonal checks, cashiers' c | and non-negotiable instruments checks, promissory notes, and money orders. comeone by signing or delivering them. | |

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Official Form 106A/B

page 3

Schedule A/B: Property

| D | ebtor 1 | Junak, David Sc | cott | | Case number (if known) | 16-49805 | |
|-----|-------------------|--|--|---|------------------------------|---|--------|
| | ■ No | Give specific informati | | | | | |
| | | | Issuer name: | | | | |
| 21. | Examp. | nent or pension accordes: Interests in IRA, | ounts ERISA, Keogh, 401(k), 403 | 3(b), thrift savings accounts, or other p | pension or profit-sharing p | lans | |
| | ■ No | iot cook account con | a aratalı (| | | | |
| | | | Гуре of account: | Institution name: | | | |
| 22. | Your sh | | posits you have made so that | nt you may continue service or use from olic utilities (electric, gas, water), telecor | | or others | |
| | | | | Institution name or individual: | | | |
| 23. | Annuitie | es (A contract for a pe | eriodic payment of money to | you, either for life or for a number of you | ears) | | |
| | ☐ Yes | lssuer | r name and description. | | | | |
| 24. | | s in an education IR. C. §§ 530(b)(1), 529A | | lified ABLE program, or under a qua | alified state tuition progra | am. | |
| | ☐ Yes | Institut | tion name and description. | Separately file the records of any interes | sts.11 U.S.C. § 521(c): | | |
| 25. | Trusts, | equitable or future i | interests in property (oth | er than anything listed in line 1), and | d rights or powers exerc | isable for your benefit | |
| | _ | Give specific informa | ation about them | | | | |
| 26. | | | | other intellectual property from royalties and licensing agreements | s | | |
| | _ | Give specific informa | ation about them | | | | |
| 27. | | | other general intangibles exclusive licenses, coopera | ative association holdings, liquor license | es, professional licenses | | |
| | ☐ Yes. | Give specific informa | ation about them | | | | |
| M | oney or p | property owed to yo | ou? | | | Current value of the portion you own? Do not deduct secun claims or exemption | red |
| 28. | _ | unds owed to you | | | | | |
| | ■ No □ Yes. 0 | Give specific informati | tion about them, including w | hether you already filed the returns and | the tax years | | |
| | | | | | | | |
| 29. | Family s Examp | | ວ sum alimony, spousal sur | oport, child support, maintenance, divo | orce settlement, property s | settlement | |
| | ☐ Yes. 0 | Give specific informati | tion | | | | |
| 30. | | | - | s, disability benefits, sick pay, vacation լ | pay, workers' compensati | on, Social Security benef | fits; |
| | _ | Give specific information | ation | | | | |
| 31. | | s in insurance polices: Health, disability, | | vings account (HSA); credit, homeowne | er's, or renter's insurance | | |
| | | Name the insurance o | company of each policy and | list its value | | | |
| Off | icial Form | | company or each policy and | Schedule A/B: Property | | | page 4 |

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| Debtor 1 | Junak, David Scott | Case number (if known) | 16-49805 |
|---------------------------|--|--|------------------------------|
| | Company name: | Beneficiary: | Surrender or refund value: |
| If you a died. ■ No | erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance Give specific information | e policy, or are currently entitled to receive p | property because someone has |
| Examp ■ No | against third parties, whether or not you have filed a lawsuit or notes: Accidents, employment disputes, insurance claims, or rights to suppose the particle of the particle o | | |
| ■ No | ontingent and unliquidated claims of every nature, including cou | nterclaims of the debtor and rights to s | et off claims |
| ■ No | ancial assets you did not already list Give specific information | | |
| | he dollar value of all of your entries from Part 4, including any en . Write that number here | | \$1,605.00 |
| Part 5: Des | scribe Any Business-Related Property You Own or Have an Interest In. Li | st any real estate in Part 1. | |
| | own or have any legal or equitable interest in any business-related proper | ty? | |
| ■ No. Go | to Part 6. | | |
| | scribe Any Farm- and Commercial Fishing-Related Property You Own or lou own or have an interest in farmland, list it in Part 1. | Have an Interest In. | |
| No. | own or have any legal or equitable interest in any farm- or comm Go to Part 7. Go to line 47. | nercial fishing-related property? | |
| Part 7: | Describe All Property You Own or Have an Interest in That You Did Not | List Above | |
| Examp ■ No | have other property of any kind you did not already list? lles: Season tickets, country club membership Give specific information | | |
| 54. Add tl | he dollar value of all of your entries from Part 7. Write that number | er here | \$0.00 |

Official Form 106A/B Schedule A/B: Property page 5

| Deb | tor 1 Junak, David Scott | | Case number (if known) | 16-49805 |
|------|--|-------------|------------------------------|--------------|
| Part | 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$111,000.00 |
| 56. | Part 2: Total vehicles, line 5 | \$5,000.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$5,500.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$1,605.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$12,105.00 | Copy personal property total | \$12,105.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$123,105.00 |

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this inform | | | | |
|---------------------|--------------------------|--------------------|------------------------------|--------------------------------------|
| Debtor 1 | David Scott Juna | ık | | |
| | First Name | Middle Name | Last Name |) |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN, DETROIT DIVISION | |
| _ | 16-49805 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| 1. | Which set of exemptions are you claiming? | Check one only, | , even if your spouse is fi | iling with you. |
|----|---|-----------------|-----------------------------|-----------------|
|----|---|-----------------|-----------------------------|-----------------|

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Duist description of the avenuation and line on Comment value of the Amount of the exemution you claim

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | |
|--|---|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Check only one box for each exemption. | | |
| Ford F150 | \$5,000.00 | \$3,775.00 | 11 USC § 522(d)(2) | |
| 2001 Line from Schedule A/B. 3.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | | |
| Ford F150 | \$5,000.00 | \$1,225.00 | 11 USC § 522(d)(5) | |
| 2001 Line from Schedule A/B. 3.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | | |
| Furniture Line from Schedule A/B. 6.1 | \$2,500.00 | | 11 USC § 522(d)(3) | |
| Line Irom Schedule A/B. 0.1 | | ■ 100% of fair market value, up to any applicable statutory limit | | |
| Television, Computer | \$1,500.00 | | 11 USC § 522(d)(3) | |
| Line from Schedule A/B: 7.1 | | ■ 100% of fair market value, up to any applicable statutory limit | | |
| Clothing | \$1,000.00 | | 11 USC § 522(d)(3) | |
| Line from Schedule A/B: 11.1 | | ■ 100% of fair market value, up to any applicable statutory limit | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Check only one box for each exemption. | | Specific laws that allow exemption | |
|----|---|--------------------------------------|---|---|------------------------------------|--|
| | | Copy the value from Schedule A/B | | | | |
| | Jewelry Line from Schedule A/B. 12.1 | \$500.00 | | | 11 USC § 522(d)(4) | |
| | Line IIOIII Scriedule A/B. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | MI Schools & Government Credit | \$1,600.00 | | \$25.00 | 11 USC § 522(d)(5) | |
| | Line from Schedule A/B. 17.1 | Schedule A/B. 17.1 | | 100% of fair market value, up to any applicable statutory limit | | |
| | MI Schools & Government Credit | \$1,600.00 | • | \$1,575.00 | 11 USC § 522(d)(5) | |
| | Line from Schedule A/B. 17.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | MI Schools & Government Credit | \$5.00 | | | 11 USC § 522(d)(5) | |
| | Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) ■ No □ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? □ No □ Yes | | | | | |

| Fill to the before | alian ta talan life anno | | | | |
|-----------------------|---------------------------|---|--|-----------------------|---|
| Fill in this informa | ation to identify your | case: | | | |
| Debtor 1 | David Scott Jun | Middle Name Last Name | | . | |
| Debtor 2 | First Name | Middle Name Last Name | | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | | | |
| Linited States Bank | kruptcy Court for the: | EASTERN DISTRICT OF MICHIGAN, DE | TROIT DIVISION | | |
| Officed States Daily | kruptcy Court for the. | EASTERN BIOTRIOT OF MIGHIGAN, BE | TROTT BIVIOLOT | | |
| | 6-49805 | | | | |
| (if known) | | | | | if this is an |
| | | | | ameno | led filing |
| Official Form | 106D | | | | |
| | | Who Have Claims Secur | ad hy Dranart | V | 12/15 |
| ochedule i | J. GIEGILOIS | Wild Have Glaims Secur | ed by Fropert | у | 12/15 |
| | | two married people are filing together, both are number the entries, and attach it to this form. O | | | |
| 1. Do any creditors h | ave claims secured by | your property? | | | |
| | _ | s form to the court with your other schedules. Y | ou have nothing else to re | port on this form. | |
| _ | all of the information be | • | 3 | | |
| | | SIOW. | | | |
| • | Secured Claims | | . Column A | Column B | Column C |
| | | nore than one secured claim, list the creditor separat a particular claim, list the other creditors in Part 2. A | ely | Value of collateral | Unsecured |
| | | al order according to the creditor 's name. | Do not deduct the | that supports this | portion |
| 2.1 People Firs | st Fund | Describe the property that secures the claim: | value of collateral. \$44,246.55 | claim \$111,000.00 | If any \$44,246.55 |
| Creditor's Name | st i unu | 17534 Grettel, Fraser, MI | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Ψ111,000.00 | ψττ,2τ0.55 |
| | | 48026-1796 | | | |
| 95 Horatio | St Apt 219 | As of the date you file, the claim is: Check all that | _ | | |
| New York, | | apply. | | | |
| 10014-1527 | | Contingent | | | |
| Number, Street, 0 | City, State & Zip Code | Unliquidated | | | |
| Who owes the deb | t? Check one. | Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as mortgage or | secured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and Deb | otor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien |) | | |
| _ | e debtors and another | ☐ Judgment lien from a lawsuit | , | | |
| ☐ Check if this clai | im relates to a | | Mortgage | | |
| community deb | t | | | | |
| Date debt was incur | red 11/2015 | Last 4 digits of account number 971 | 4 | | |
| | | · | | | |
| 2.2 Seterus Inc | C | Describe the property that secures the claim: | \$117,534.00 | \$111,000.00 | \$6,534.00 |
| Creditor's Name | | 17534 Grettel, Fraser, MI |] | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | 48026-1796 | | | |
| | Millikan Way | As of the date you file, the claim is: Check all that | _ | | |
| St Beaverton, | OB 07005 | apply. | | | |
| | City, State & Zip Code | ☐ Contingent ☐ Unliquidated | | | |
| Number, Street, C | Oity, State & Zip Code | ☐ Disputed | | | |
| Who owes the deb | t? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as mortgage or | secured | | |
| Debtor 2 only | | car loan) | | | |
| ☐ Debtor 1 and Deb | otor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien |) | | |
| ☐ At least one of the | e debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this clai | | Other (including a right to offset) Mortgag | je | | |
| community deb | t | · · · · · · · · · · · · · · · · · · · | | | |
| Data dabt was ! | wod 2001 00 | Loot 4 digito of cocaunt number 004 | F | | |

Official Form 106D

| Debtor 1 | David Scott | Junak | | Case | number (if know) | 16-49805 | |
|-----------------------|------------------------------------|--------------------------------|--------------------------------------|------------------|----------------------|--|--|
| | First Name | Middle Name | Last Name | | | | |
| Add the d | ollar value of you | ır entries in Column A on this | s page. Write that number here: | | \$161,780.5 | <u>i</u> | |
| | ne last page of yo number here: | our form, add the dollar value | totals from all pages. | | \$161,780.5 | 5 | |
| Part 2: | List Others to I | Be Notified for a Debt Tha | t You Already Listed | | | | |
| trying to than one of | collect from you for | or a debt you owe to someor | ne else, list the creditor in Part 1 | I, and then list | the collection agend | example, if a collection agency is by here. Similarly, if you have more nal persons to be notified for any | |
| | ma Number Stree | ot City State & Zin Code | | | | | |

Name, Number, Street, City, State & Zip Code Schneuderman & Sherman, PC 23938 Research Dr Ste 300 Farmington Hills, MI 48335-2605

On which line in Part 1 did you enter the creditor? 2.2

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

| Fill in th | his informat | ion to identify your ca | ise: | | | | | |
|-------------------------------------|--|---|------------------------------------|--|-----------------------------|--|--------------------|---------------------------|
| Debtor 1 | 1 | David Scott Junak | | | | | | |
| | | First Name | Middle N | ame | Last Name | | | |
| Debtor 2 | | 5 | | | | | ļ | |
| (Spouse if | , filing) | First Name | Middle N | ame | Last Name | | | |
| United S | States Bankr | uptcy Court for the: | EASTERN [| DISTRICT OF MI | CHIGAN, DETF | ROIT DIVISION | | |
| Case nu | ımber 16. | -49805 | | | | | | |
| (if known) | <u></u> | -43003 | | - | | | | Check if this is an |
| | | | | | | | | amended filing |
| Ott: -:- | - L C | 40CE/E | | | | | | |
| | al Form | | | | | | | 40/45 |
| | | : Creditors WI | | | | art 2 for creditors with NO | | 12/15 |
| D: Credite the Conti case num | ors Who Have nuation Page nber (if knowr | e Claims Secured by Pro to this page. If you have n). | perty. If more e no information | space is needed, on to report in a Pa | copy the Part yo | any creditors with partially ou need, fill it out, number t at Part. On the top of any a | the entries in the | |
| Part 1: | | f Your PRIORITY Uns | | | | | | |
| _ | - | have priority unsecured | ciaims agains | it you? | | | | |
| | No. Go to Part | 2. | | | | | | |
| D Y | _ | () NONDRIORITY | | 01-1 | | | | |
| Part 2: | | f Your NONPRIORITY | | | | | | |
| _ | • | have nonpriority unsecu | _ | • | | | | |
| ЦΝ | No. You have r | nothing to report in this par | rt. Submit this f | orm to the court wit | h your other sche | dules. | | |
| ■ Y | es. | | | | | | | |
| unse | ecured claim, l | ist the creditor separately t | for each claim. | For each claim liste | ed, identify what ty | holds each claim. If a crec ype of claim it is. Do not list of three nonpriority unsecured | claims already ind | cluded in Part 1. If more |
| | | | | | | | | Total claim |
| 4.1 | Capital O | ne Bank USA N | | Last 4 digits of ac | ccount number | 7305 | | \$201.00 |
| | Nonpriority C | reditor's Name | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | h.t.: | 0015.04 | | |
| | 15000 Car | oital One Dr | | When was the de | ot incurred? | 2015-04 | | _ |
| | | d, VA 23238-1119 | | | | | | |
| _ | Number Stree | et City State ZIp Code | | As of the date yo | u file, the claim i | is: Check all that apply | | |
| | Who incurre | d the debt? Check one. | | | | | | |
| | Debtor 1 o | only | | ☐ Contingent | | | | |
| | Debtor 2 o | only | | ☐ Unliquidated | | | | |
| | Debtor 1 a | and Debtor 2 only | | ☐ Disputed | | | | |
| | | ne of the debtors and anot | | Type of NONPRIC | ORITY unsecured | d claim: | | |
| | | this claim is for a comm | unity | ☐ Student loans | | | | |
| | debt Is the claim s | subject to offset? | | ☐ Obligations aris | sing out of a sepa laims | ration agreement or divorce | that you did not | |
| | ■ No | • | | | | g plans, and other similar de | ebts | |
| | ☐ Yes | | | Other. Specify | • | • • | | |
| | 03 | | | Other, Specify | J. Jane i die | | | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| Debto | ^{r 1} Junak, David Scott | | Case number (f know) 16-49805 | | | | |
|-------|--|---|--|--------------|--|--|--|
| 4.2 | Comcast | Last 4 digits of account number | 6007 | \$426.00 | | | |
| | Nonpriority Creditor's Name | - | | Ψ+20:00 | | | |
| | 1 Comcast Ctr | When was the debt incurred? | 2014-10 | _ | | | |
| | Philadelphia, PA 19103-2838 | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community debt | Student loans | | | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Cable Serv | ices | _ | | | |
| 4.3 | Mi Schools and Govt Cu | Last 4 digits of account number | 0090 | \$1,239.00 | | | |
| | Nonpriority Creditor's Name | | | Ψ1,203.00 | | | |
| | 40400 Cartiald Dd | When was the debt incurred? | 1985-09 | _ | | | |
| | 40400 Garfield Rd Clinton Township, MI 48038-4004 | | | | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit Pure | | | | | |
| | | | | - | | | |
| 4.4 | Portfolio Recovery Associates, LLC Nonpriority Creditor's Name | Last 4 digits of account number | 52GC | \$1,126.00 | | | |
| | Nonpholity orealtors Name | When was the debt incurred? | 01/06/2011 | | | | |
| | PO Box 12914 | | | _ | | | |
| | Norfolk, VA 23541-0914 Number Street City State Zlp Code | As of the date you file, the claim | e. Check all that apply | | | | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | s. Oneck all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | a plane, and other similar dabte | | | | |
| | ■ No | Debts to pension or profit-sharin | y pians, and other similar debts | | | | |
| | ☐Yes | Other. Specify | | | | | |

Official Form 106 E/F

| Debtor 1 | Junak, Da | avid Scott | | Case r | number (f know) | 16-49805 | |
|----------------------|-------------------------------|--|---|---------------|-----------------------|-------------------------|----------------------|
| 4.5 C | RNA | ospital & Medical Cente | r Last 4 digits of account number | 7515 | | | \$417.00 |
| N | Ionpriority Cred | ditor's Name | When was the debt incurred? | 2013 | 04 | | |
| _ | PO Box 674 Detroit, MI | 1223 48267-4223 | when was the debt incurred? | 2013 | -04 | | |
| | | City State ZIp Code the debt? Check one. | As of the date you file, the claim | is: Check | all that apply | | |
| | Debtor 1 on | ly | ☐ Contingent | | | | |
| | Debtor 2 on | ly | ☐ Unliquidated | | | | |
| | Debtor 1 and | d Debtor 2 only | ☐ Disputed | | | | |
| | At least one | of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | | |
| | Check if thi | is claim is for a community | ☐ Student loans | | | | |
| Is | | bject to offset? | ☐ Obligations arising out of a sep report as priority claims | aration ag | reement or divorce | that you did not | |
| | No | | Debts to pension or profit-shari | ng plans, a | and other similar de | bts | |
| | Yes | | Other. Specify Medical E | xpense | s | | |
| David 0 | | a ta Da Natifia d'Alanda Dal | at That Year Alexandra Listed | | | | |
| Part 3: | | s to Be Notified About a Del | • | | | | |
| is trying have mo | to collect fro | m you for a debt you owe to so | about your bankruptcy, for a debt that yomeone else, list the original creditor in at you listed in Parts 1 or 2, list the add or submit this page. | n Parts 1 c | or 2, then list the c | ollection agency here | e. Similarly, if you |
| Name and | • | The factor of 2, do not no out | On which entry in Part 1 or Part 2 did yo | u list the o | riginal creditor? | | |
| | | | | | - | ty Unsecured Claims | |
| | cewood R | | I | Part 2: 0 | Creditors with Nonp | riority Unsecured Clair | ns |
| Columb | oia, SC 292 | 110-7523 | Last 4 digits of account number | 75 | 515 | | |
| Name and | Address | | On which entry in Part 1 or Part 2 did yo | u list the or | riginal creditor? | | |
| | ed Recove | - | Line 4.2 of (<i>Check one</i>): | | | | |
| | yberry Rd | 32256-7412 | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Jacksoi | iville, FL 3 | 02230-7412 | Last 4 digits of account number 6007 | | | | |
| Part 4: | Add the Ar | mounts for Each Type of Ur | nsecured Claim | | | | |
| | e amounts of unsecured cla | | ims. This information is for statistical | reporting | purposes only. 28 | U.S.C. §159. Add the | amounts for each |
| | | | | | Total | Claim | |
| | 6a. | Domestic support obligation | s | 6a. | \$ | 0.00 | |
| Total clain | | Taxes and certain other debt | s you owe the government | 6b. | \$ | 0.00 | |
| | 6c. | | injury while you were intoxicated | 6c. | \$ | 0.00 | |
| | 6d. | Other. Add all other priority un | secured claims. Write that amount here. | 6d. | \$ | 0.00 | |
| | | | | | | | 1 |
| | 6e. | Total Priority. Add lines 6a the | rough 6d. | 6e. | \$ | 0.00 | |
| | | | | | Total | Claim | |
| Total clain | | Student loans | | 6f. | \$ | 0.00 | |
| from Part | t 2 6g. | Obligations arising out of a s you did not report as priority | separation agreement or divorce that claims | 6g. | \$ | 0.00 | |
| | 6h. | Debts to pension or profit-sh | naring plans, and other similar debts | 6h. | \$ | 0.00 | |
| | 6i. | Other. Add all other nonpriority here. | unsecured claims. Write that amount | 6i. | \$ | 3,409.00 | _ |
| | 6j. | Total Nonpriority. Add lines 6 | f through 6i. | 6j. | \$ | 3,409.00 | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| Fill in this inforr | | | | | |
|---|------------------|--------------------|------------------------------|-----|-----------------------|
| Debtor 1 | David Scott Juna | k | | | |
| | First Name | Middle Name | Last Name | —) | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT O | F MICHIGAN, DETROIT DIVISION | | |
| | 16-49805 | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with | whom you have the r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|----|-----------|----------------|---|---------------------|---|
| .1 | | , | ,,,, | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| _ | City | | State | ZIP Code | |
| .2 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| .3 | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| .4 | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 5 | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | | Sileei | | | |
| | City | | State | ZIP Code | |

Official Form 106G

| Fill in this | information to identify your ca | se: | | | |
|--------------------------|---|--|-----------------------------|--|--|
| Debtor 1 | David Scott Junak | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| Spouse if, filir | ng) First Name | Middle Name | Last Name | _ | |
| United Stat | tes Bankruptcy Court for the: | EASTERN DISTRICT C | OF MICHIGAN, DETROI | T DIVISION | |
| Case numb | per 16-49805 | | | | ☐ Check if this is an amended filing |
| | Form 106H ule H: Your Code | btors | | | 12/15 |
| re filing to nd numbe | gether, both are equally respo | nsible for supplying co e left. Attach the Additi | rrect information. If mo | ore space is needed, c | e as possible. If two married people opy the Additional Page, fill it out, ditional Pages, write your name and |
| 1. Do y | you have any codebtors? (If you | ı are filing a joint case, do | o not list either spouse as | a codebtor. | |
| ■ No □ Yes | | | | | |
| | nin the last 8 years, have you li nia, Idaho, Louisiana, Nevada, N | | | | states and territories include Arizona |
| | Go to line 3. Did your spouse, former spouse | or legal equivalent live w | vith you at the time? | | |
| line 2 | again as a codebtor only if that Schedule E/F (Official Form 10 | person is a guarantor | or cosigner. Make sure | you have listed the c | with you. List the person shown in reditor on Schedule D (Official For lle E/F, or Schedule G to fill out |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZIP | Code | | Column 2: The cre Check all schedul | editor to whom you owe the debt es that apply: |
| 3.1 | Name | | | ☐ Schedule D, lir☐ Schedule E/F,☐ Schedule G, lir☐ | line |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | Name | | | Schedule D, lir | |
| _ | | | | ☐ Schedule E/F, ☐ Schedule G, lir | |
| | Number Street City | State | ZIP Code | | |

Page 1 of 1

| Fill in | n this information to | o identify your cas | se: | | | | | | | | |
|---|---|---|--|--|--------------------------|----------------|-----------------------------------|-------------------------------|--------------------|------------------------------|--------------|
| Debt | | David Scott | | | | | | | | | |
| Debt (Spous | or 2 se, if filing) | | | | | _ | | | | | |
| Unite | ed States Bankrup | tcy Court for the: | EASTERN DISTRICT DIVISION | OF MICHIGAN, DI | ETROIT | | | | | | |
| (If kno | wn) | 49805 | | | | | | nded ement | • | postpetition o | chapter 13 |
| | ficial Form hedule I: ` | | | | | | MM / DI |)/ YY | YY | | |
| suppl spous | lying correct info se. If you are sep n a separate shee | rmation. If you a arated and your | ole. If two married peopl re married and not filing spouse is not filing with n the top of any addition | g jointly, and your n you, do not inclu | spouse is ide informa | livir atior | ng with you, inc about your sp | clude oouse | informate. If more | tion about ye space is ne | our eded, |
| | Fill in your emple | | | | | | | | | | |
| | information. | -, | | Debtor 1 | | | _ | Debtor 2 or non-filing spouse | | | |
| If you have more than one job, attach a separate page with information about additional employers. | | Employment status Employed Not employed Occupation | | | | | ☐ Employed ☐ Not employed | | | | |
| | Include part-time, self-employed wor | | Employer's name | | | | | | | | |
| | Occupation may i homemaker, if it a | | Employer's address | | | | | | | | |
| | | | How long employed th | ere? | | | | | | | |
| Part | 2: Give De | tails About Mont | hly Income | | | | | | | | |
| | nate monthly inco | | e you file this form. If yo | ou have nothing to r | eport for any | y line | e, write \$0 in the | space | e. Include | your non-filir | ng spouse |
| | or your non-filing s e, attach a separate | | than one employer, comb | ine the information | for all emplo | oyers | for that person | on the | e lines be | elow. If you ne | ed more |
| | | | | | | | For Debtor 1 | | For Deb | otor 2 or ng spouse | |
| | | | , and commissions (beficulate what the monthly w | | 2. | \$ | 0.0 | 00 | \$ | N/A | |
| 3. | Estimate and list | monthly overtin | ne pay. | | 3. | +\$ | 0.0 | 00_ | +\$ | N/A | |
| 4. | Calculate gross | Income. Add line | 2 + line 3. | | 4. | \$ | 0.00 | | \$ | N/A | |

Debtor 1 Junak, David Scott Case number (if known) 16-49805 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 0.00 N/A List all payroll deductions: Tax, Medicare, and Social Security deductions 5a 0.00 N/A 5b. Mandatory contributions for retirement plans 5b. 0.00 N/A 5c. Voluntary contributions for retirement plans 5c. 0.00 N/A 5d. Required repayments of retirement fund loans 5d. \$ 0.00 N/A 5e Insurance 5e 0.00 N/A 5f. **Domestic support obligations** 5f. \$ 0.00 N/A 5g. 5g. **Union dues** 0.00 N/A 5h.+ 5h. Other deductions. Specify: 0.00 N/A Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 0.00 6. N/A Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 7. 0.00 N/A 8. List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. N/A 3,000.00 8b. Interest and dividends 8b. N/A 0.00 Family support payments that you, a non-filing spouse, or a dependent 8c regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 N/A **Unemployment compensation** 8d. 8d. 0.00 N/A **Social Security** 8e. 8e. 0.00 N/A 8f Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 0.00 N/A Pension or retirement income 8g. 8g. 0.00 N/A 8h.+ 8h. Other monthly income. Specify: 0.00 N/A Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 3,000.00 N/A 10. \$ \$ 10. Calculate monthly income. Add line 7 + line 9. 3,000.00 N/A \$ 3,000.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 3,000.00 \$ Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain:

| SHI | in this information to identify your case: | | | | |
|-----------|--|--|------------------|--------------------------------------|---|
| Deb | | | Choc | k if this is: | |
| Deb | David Scott Junak | | | An amended filing | |
| 1 | tor 2 puse, if filing) | | | A supplement show expenses as of the | ing postpetition chapter 13 following date: |
| Unit | ed States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIG DIVISION | AN, DETROIT | ī | MM / DD / YYYY | |
| 1 | e number 16-49805 | | | | |
| Of | fficial Form 106J | | | | |
| So | chedule J: Your Expenses | | | | 12/1 |
| info | as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this fo nown). Answer every question. | | | | |
| Par 1. | Describe Your Household Is this a joint case? | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses file | or Separate Household | of Debtor | 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 2 | ship to | Dependent's age | Does dependent live with you? |
| | Do not state the | . | | | □ No |
| | dependents names. | Daughter | | 21 | ■ Yes □ No |
| | | | | | ☐ Yes |
| | | | | | □No |
| | | | | | Yes |
| | | | | | □ No |
| 3. | Do your expenses include ■ No | | | | ☐ Yes |
| J. | expenses of people other than yourself and your dependents? | | | | |
| Est | Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless yo enses as of a date after the bankruptcy is filed. If this is a supple licable date. | | | | |
| valu | ude expenses paid for with non-cash government assistance if y ue of such assistance and have included it on Schedule I: Your II icial Form 106l.) | | | Your expe | enses |
| 4. | , | oludo firet mortagas | | | |
| 4. | The rental or home ownership expenses for your residence. Incompayments and any rent for the ground or lot. | dude ilist mortgage | 4. \$ | | 0.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues | | 4c. \$ 4d. \$ | | 50.00 |
| 5. | Additional mortgage payments for your residence, such as hom | ne equity loans | 40. \$ 5. \$ | | 0.00 |
| J. | Additional mortgage payments for your residence, such as nom | ic equity localis | υ. φ | | 0.00 |

Official Form 106J

| Debtor | ¹ Junak, [| David Scott | Case num | ber (if known) | 16-49805 |
|---------------|---|--|---------------------|----------------|------------------------------|
| 6. Ut | tilities: | | | | |
| 6a | | , heat, natural gas | 6a. | \$ | 200.00 |
| 6b | o. Water, se | wer, garbage collection | 6b. | \$ | 100.00 |
| 6c | | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 380.00 |
| 6d | l. Other. Spe | ecify: | 6d. | \$ | 0.00 |
| 7. F c | | ekeeping supplies | 7. | · | 500.00 |
| | | children's education costs | 8. | \$ | 0.00 |
| | | ry, and dry cleaning | 9. | \$ | 50.00 |
| | - : | roducts and services | 10. | · | 50.00 |
| | • | ntal expenses | 11. | | 50.00 |
| | | Include gas, maintenance, bus or train fare. | | · | 30.00 |
| | o not include c | | 12. | \$ | 150.00 |
| | | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 20.00 |
| | | ributions and religious donations | 14. | · | 0.00 |
| | surance. | | | · | 0.00 |
| | | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| | a. Life insura | , , , | 15a. | \$ | 0.00 |
| 15 | b. Health ins | urance | 15b. | \$ | 0.00 |
| 15 | c. Vehicle in | surance | 15c. | \$ | 350.00 |
| | d. Other insu | | 15d. | · | 0.00 |
| | | clude taxes deducted from your pay or included in lines 4 or 20. | | <u> </u> | 0.00 |
| Sp | pecify: | , , , | 16. | \$ | 0.00 |
| | | ease payments: | 47- | • | |
| | | ents for Vehicle 1 | 17a. | · | 0.00 |
| | . , | ents for Vehicle 2 | 17b. | · | 0.00 |
| | c. Other. Spe | • | 17c. | | 0.00 |
| 17 | d. Other. Spe | ecify: | 17d. | \$ | 0.00 |
| | | of alimony, maintenance, and support that you did not report as | 40 | • | 0.00 |
| | | your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | |
| | | s you make to support others who do not live with you. | | \$ | 0.00 |
| | pecify: | and a second sec | 19. | | |
| | | erty expenses not included in lines 4 or 5 of this form or on Sche | аите т: You 20a. | | 0.00 |
| | | s on other property | | | 0.00 |
| | b. Real estat | | 20b. | | 0.00 |
| | . , | nomeowner's, or renter's insurance | 20c. | · | 0.00 |
| | | ce, repair, and upkeep expenses | 20d. | · | 0.00 |
| | | er's association or condominium dues | 20e. | | 0.00 |
| . Ot | ther: Specify: | | 21. | +\$ | 0.00 |
| 2. C a | alculate your | monthly expenses | | | |
| 22 | 2a. Add lines 4 | through 21. | | \$ | 1,900.00 |
| | | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | | a and 22b. The result is your monthly expenses. | | \$ | 1,900.00 |
| 3. C a | alculate vour | monthly net income. | | | |
| | - | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,000.00 |
| | | monthly expenses from line 22c above. | 23b. | · | 1,900.00 |
| _0 | 23pj jour | | 200. | | |
| 23 | | our monthly expenses from your monthly income. is your monthly net income. | 23c. | \$ | 1,100.00 |
| Fo mo | byou expect a present a present a property of the property of | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? | | | ase or decrease because of a |
| | l Yes. | Explain here: | | | |

Official Form 106J

| Fill in this inform | nation to identify your | case: | | | |
|---------------------|---|--------------------------|-----------------------------|-------------------------|---|
| Debtor 1 | David Scott Jun | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court for the: | EASTERN DISTRICT | OF MICHIGAN, DETROIT | DIVISION | |
| Case number | 16-49805 | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official Forn | | | | | |
| Declarat | ion About | an Individua | I Debtor's S | chedules | 12/15 |
| If two married pe | ople are filing togethe | , both are equally respo | nsible for supplying corr | ect information. | |
| obtaining money | | n connection with a banl | | | nent, concealing property, or , or imprisonment for up to 20 |
| Sign | ı Below | | | | |
| Did you pay | or agree to pay some | one who is NOT an attor | rney to help you fill out b | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | lame of person | | | | kruptcy Petition Preparer's Notice, n, and Signature (Official Form 119) |
| • | ty of perjury, I declare true and correct. | that I have read the sum | mary and schedules filed | d with this declaration | n and |

Signature of Debtor 2

Date

X /s/ David Scott Junak
David Scott Junak

Signature of Debtor 1

Date **July 25, 2016**

| FIII | in this information to identify your case: | | |
|---------------------|--|--------------|---------------------------|
| Deb | tor 1 David Scott Junak First Name Middle Name Last Name | | |
| Deb | tor 2 | | |
| | use if, filing) First Name Middle Name Last Name | | |
| Unit | ed States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN, DETROIT DIVISION | | |
| Cas (if kn | e number <u>16-49805</u> | _ | ck if this is an |
| Su Be a infor | mmary of Your Assets and Liabilities and Certain Statistical Information is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new Summary and check the box at the top of this page. | or supplying | |
| Pari | 1: Summarize Your Assets | | |
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 111,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 12,105.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 123,105.00 |
| Part | 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 161,780.55 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e chedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & Chedule E/F | \$ | 3,409.00 |
| | Your total liabilitie | es \$ | 165,189.55 |
| Part | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oschedule I | \$ | 3,000.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,900.00 |
| Parl | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? | | |

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill | in this infor | mation to identify your | case: | | | |
|-------------|--|--|--|---|--|---|
| | btor 1 | David Scott Jun | _ | | | |
| DC | DIOI I | First Name | Middle Name | Last Name | | |
| | btor 2 | First Name | Middle Name | Last Name | | |
| | ouse if, filing) | | | | | |
| Uni | ited States Ba | ankruptcy Court for the: | EASTERN DISTRICT OF | MICHIGAN, DETROIT DIVIS | SION | |
| | se number nown) | 16-49805 | | | I — | heck if this is an mended filing |
| Sta Be a | atemen as complete rmation. If r | and accurate as possit | | e filing together, both are ed | ankruptcy qually responsible for supply additional pages, write your n | |
| | | | rital Status and Where You | Lived Before | | |
| 1. | What is you | ur current marital statu | s? | | | |
| | ☐ Married Not ma | | | | | |
| 2. | During the | last 3 years, have you | lived anywhere other than w | here you live now? | | |
| | | ist all of the places you liv | ved in the last 3 years. Do not in Dates Debtor 1 I there | · | dress: | Dates Debtor 2 |
| 3. state | | | er live with a spouse or lega | | y property state or territory? o, Texas, Washington and Wis | (Community property |
| Pai | | lake sure you fill out School | edule H: Your Codebtors (Offic | cial Form 106H). | | |
| 4. | Fill in the to | tal amount of income yo | nployment or from operating u received from all jobs and a lave income that you receive to | Il businesses, including part-t | | ar years? |
| | □ No ■ Yes. F | ill in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | 1 of current year until ed for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$18,000.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | Operating a business | | ☐ Operating a business | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

Yes. List all payments to an insider.

Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment still owe paid

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

| Del | otor 1 Junak, David Scott | | Cas | e number (if known) | 16-49805 | | | |
|-----|--|---|----------------------|----------------------|-------------------------|-----------------------------|--|--|
| | | | | | | | | |
| 8. | insider? | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. | | | | | | |
| | ■ No□ Yes. List all payments to an insider | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name | | |
| Par | rt 4: Identify Legal Actions, Repossessions | s, and Foreclosures | | | | | | |
| 9. | Within 1 year before you filed for bankruptc List all such matters, including personal injury cannot contract disputes. No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case | | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below | | rty repossessed, fo | reclosed, garnishe | ed, attached, | seized, or levied? | | |
| | ■ No. Go to line 11.□ Yes. Fill in the information below. | | | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property | | |
| | | Explain what happened | | | | property | | |
| 11. | Within 90 days before you filed for bankrupt accounts or refuse to make a payment becan No ☐ Yes. Fill in the details. | | uding a bank or fina | ncial institution, s | set off any am | ounts from your | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date a taken | action was | Amount | | |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | | | | |
| | ■ No □ Yes | | | | | | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | | | |
| 13. | Within 2 years before you filed for bankrupto ■ No □ You Fill in the details for each gift | cy, did you give any gifts | with a total value o | f more than \$600 | per person? | | | |
| | Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 pe | er Describe the gifts | | Dates | you gave | Value | | |
| | person | become the girls | | the gi | | Value | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | |
| 14. | Within 2 years before you filed for bankrupte | cy, did you give any gifts | or contributions w | ith a total value of | more than \$6 | 600 to any charity? | | |
| | NoYes. Fill in the details for each gift or contri | bution. | | | | | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | contributed | Dates contri | you buted | Value | | |
| Des | et S. Liet Cortain League | | | | | | | |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 Junak, David Scott | | Case number (if known) 16-49805 | | | | |
|-----------------------------|--|---------------------------------|---|--------------------|-------------------------------------|------------------------|
| | | | | | | |
| | or gambling? | | | | | |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Describe the property you lost and | Descri | be any insurance coverage for the los | s D | ate of your | Value of property |
| | how the loss occurred | | the amount that insurance has paid. Lis | le. | ess | lost |
| | | | nce claims on line 33 of Schedule A/B: Pr | | | |
| Par | t 7: List Certain Payments or Transfers | | | | | |
| 16. | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or policulate any attorneys, bankruptcy petition pre | reparin | g a bankruptcy petition? | | | y to anyone you |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid | | Description and value of any proper | | ate payment or | Amount of |
| | Address Email or website address | | transferred | | ansfer was lade | payment |
| | Person Who Made the Payment, if Not Yo | ou | | | | |
| | Law Office of Richard H. Clark, PLLC 30833 Northwestern Hwy Ste 224 Farmington Hills, MI 48334-2551 richclark@clarkclarklaw.com | | Attorney Fees | | 7/01/2016 | \$190.00 |
| | Abacus Credit Counseling 17337 Ventura Blvd Ste 226 Encino, CA 91316-3999 abacuscc.org | | Credit Counseling | 0 | 7/01/2016 | \$25.00 |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your crediction not include any payment or transfer that you not include any payme | itors or | to make payments to your creditors? | | nsfer any properi | ry to anyone who |
| | | | Description and value of any manage | D | -1 | A |
| | Person Who Was Paid Address | | Description and value of any proper transferred | tr | ate payment or ansfer was ade | Amount of payment |
| 18. | 18. Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin linelude both outright transfers and transfers made a gifts and transfers that you have already listed on the No Yes. Fill in the details. | | ess or financial affairs? security (such as the granting of a secur | | • • | |
| | Person Who Received Transfer | | Description and value of | Describe any | property or | Date transfer was |
| | Address | | property transferred | | eived or debts | made |
| | Person's relationship to you | | | | | |
| 19. | Within 10 years before you filed for bankr beneficiary? (These are often called <i>asset-p</i> ■ No | | | f-settled trust or | similar device o | f which you are a |
| | ☐ Yes. Fill in the details. | | | | | |
| | Name of trust | | Description and value of the proper | ty transferred | | Date Transfer was made |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

| Pai | t 8: List of Certain Financial Accounts, In: | struments, Safe Deposi | t Boxes, and Sto | rage Units | | | |
|-----|--|--|--------------------------------------|-------------|---|---|--|
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | | | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed fo | r bankruptcy, an | y safe dep | osit box or other depos | itory for securities, | |
| | No No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, and ZIP Code) | | Describe | the contents | Do you still have it? | |
| 22. | Have you stored property in a storage unit | or place other than you | r home within 1 y | ear before | e you filed for bankrupt | cy? | |
| | ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | to it? | Address (Number, Street, City, State | | the contents | Do you still have it? | |
| Par | t 9: Identify Property You Hold or Control | l for Someone Fise | | | | | |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City Code) | | Describe | the property | Value | |
| Pai | t 10: Give Details About Environmental Inf | ormation | | | | | |
| For | the purpose of Part 10, the following definition | ons apply: | | | | | |
| | Environmental law means any federal, state toxic substances, wastes, or material into the controlling the cleanup of these substances | ne air, land, soil, surfac | | | | | |
| | Site means any location, facility, or property own, operate, or utilize it, including disposa | • | environmental la | w, whethe | er you now own, operate | e, or utilize it or used to | |
| | Hazardous material means anything an env material, pollutant, contaminant, or similar to | | as a hazardous v | vaste, haz | ardous substance, toxid | c substance, hazardous | |
| Rep | ort all notices, releases, and proceedings that | at you know about, rega | ardless of when t | hey occur | red. | | |
| 24. | Has any governmental unit notified you that | t you may be liable or p | otentially liable u | ınder or ir | n violation of an environ | mental law? | |
| | ■ No ☐ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental u Address (Number, ZIP Code) | nit Street, City, State and | _ | ronmental law, if you rit | Date of notice | |
| | | | | | | | |

Case number (if known) 16-49805

Official Form 107

Debtor 1 Junak, David Scott

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| Jebil | Junak, David Scott | | Case | 10-49805 | | | | | |
|-------------------------------|---|---|----------|---------------------------------|------------------|--|--|--|--|
| | | | | | | | | | |
| 5. F | lave you notified any governmental unit of | any release of hazardous material? | | | | | | | |
| | • | | | | | | | | |
| • | ■ No] Yes. Fill in the details. | | | | | | | | |
| | Name of site | Governmental unit | E | nvironmental law, if you | Date of notice | | | | |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State and ZIP Code) | | now it | | | | | |
| . н | lave you been a party in any judicial or adı | ministrative proceeding under any environ | onmer | ntal law? Include settlements a | nd orders. | | | | |
| | No | | | | | | | | |
| _ | Yes. Fill in the details. | | | | | | | | |
| | Case Title | Court or agency | Natu | re of the case | Status of the | | | | |
| • | Case Number | Name Address (Number, Street, City, State and ZIP Code) | | | case | | | | |
| art [·] | II: Give Details About Your Business or | Connections to Any Business | | | | | | | |
| , _v | /ithin 4 years before you filed for bankrup | tour did you give a business of bour and | . of the | following connections to any | husiness? | | | | |
| . v | , | in a trade, profession, or other activity, e | | , | business? | | | | |
| | _ | | | | | | | | |
| | | pany (LLC) or limited liability partnership | p (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | ☐ An officer, director, or managing ex | ecutive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the votin | g or equity securities of a corporation | | | | | | | |
| ı | No. None of the above applies. Go to I | Part 12. | | | | | | | |
| | _ | | | | | | | | |
| | usiness Name Describe the nature of the business Employer Identification number | | | | | | | | |
| | Address Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security | number or ITIN. | | | | |
| | ,,,, , | Name of accountant of bookkeeper | | Dates business existed | | | | | |
| | Vithin 2 years before you filed for bankrup nstitutions, creditors, or other parties. | tcy, did you give a financial statement to | o anyo | ne about your business? Inclu | de all financial | | | | |
| | No | | | | | | | | |
| | Yes. Fill in the details below. | | | | | | | | |
| | Name | Date Issued | | | | | | | |
| | Address Number, Street, City, State and ZIP Code) | | | | | | | | |
| art ' | 2: Sign Below | | | | | | | | |
| ue a ankr 3 U.S s/ D | read the answers on this Statement of Fin nd correct. I understand that making a fals uptcy case can result in fines up to \$250,0 .C. §§ 152, 1341, 1519, and 3571. avid Scott Junak | e statement, concealing property, or obt 00, or imprisonment for up to 20 years, o | taining | money or property by fraud i | | | | | |
| | d Scott Junak ature of Debtor 1 | Signature of Debtor 2 | | | | | | | |
| ate | July 25, 2016 | Date | | | | | | | |
| | ou attach additional pages to Your Stateme | ent of Financial Affairs for Individuals Fil | ling for | Bankruptcy (Official Form 10 | 7)? | | | | |
| l No | | | | | | | | | |
| Yes | 5 | | | | | | | | |
| d yo I _{No} | ou pay or agree to pay someone who is no | t an attorney to help you fill out bankrup | otcy fo | rms? | | | | | |
| | s. Name of Person Attach the Bankru | ptcy Petition Preparer's Notice, Declaration | n, and S | Signature (Official Form 119). | | | | | |
| ficial | Form 107 States | nent of Financial Affairs for Individuals Filing | for Ba | nkruptcy | page 6 | | | | |